Sch	nedule E)				PAGE 1 OF 44 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC				C C00530766
Ched	ck if 24-hour report X 48-hour report	New rep	port Amends repo		/ D D / Y Y Y Y Y
	Full Name of Payee Eric J Smith			Date o	f Public Distribution/Dissemination
L					08 29 2014
ľ	Mailing Address 4967 Dysartville			Amoun	nt
	City	State	Zip Code		80.00
	Morganton	NC	28655		action ID: e9df3d58-a87c-4645-b If Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	М	08 / 29 / 2014
1	Name of Federal Candidate		Support	Office Sought	:: House District:00
	Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	.,.,,	271614.73	Disbursement 2014 Ot	For: Primary
	Full Name of Payee			Date o	of Public Distribution/Dissemination
	Jennifer E Smith				08
	Mailing Address 4967 Dysartsville Rd			Amour	nt
	City	State	Zip Code	$ $ Γ	80.00
	Morganton	NC	28655		ction ID : cc683ed9-7cfd-4890-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	М	
	Name of Federal Candidate		Support	Office Sought	t: House District: 00
	Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		271614.73	Disbursement 2014 Ot	t For: Primary X General
-					100.00
(a	SUBTOTAL of Itemized Independent Expend	itures		• •	160.00
(b	b) SUBTOTAL of Unitemized Independent Expe	enditures		· •	
(c	e) TOTAL Independent Expenditures			•	7 7
Wİ	nder penalty of perjury I certify that the independith, or at the request or suggestion of, any can arty committee) any political party committee or	ididate or authorize	•		•
	Ms. Emily Buchanan	[Electro	nically Filed] Date	e 08 /	31 2014
	Signature				

Schedule E)	DEITI EXI EITE	TI OTILO	PAGE 2 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			08 / 29 / 2014
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	9.00
Morganton	NC	28655	Transaction ID : ccfdeb8a-9af7-47f5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 29 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		271614.73	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			08
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	40.00
Spindale	NC	28160	Transaction ID: 966851f8-404d-47a2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	271614.73	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		49.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures)
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 31 2014
5.g. (a.a.)			

Schedule E)	LIVI LXI LIVI	JII OI LEO	PAGE 3 OF 44 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Vomen Speak Out PAC C c00530766						
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
David Ford			08 29 2014			
Mailing Address 106 Hillside St			Amount			
City	State	Zip Code	23.97			
Spindale	NC	28160	Transaction ID: 5996a7d1-b46f-4985-b Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	08 29 7 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		X Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		271614.73	Disbursement For:			
Full Name of Payee			Date of Public Distribution/Dissemination			
Beau Autin			08			
Mailing Address 345 Auroura Ave			Amount			
City	State	Zip Code	40.00			
Metairie	LA	70006	Transaction ID: 13d26a1b-f1f3-4b39-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	08 / 29 / 2014			
Name of Federal Candidate		Support	Office Sought: House District:00			
Ms. Mary L Landrieu		X Oppose	President State: LA			
Calendar Year-To-Date Per Election for Office Sought	.,,	101236.84	Disbursement For: Primary General			
(a) SUBTOTAL of Itemized Independent Expend	litures		63.97			
			7 7			
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>			
(c) TOTAL Independent Expenditures			·			
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
<u>-</u>						

Schedule E)	IN EXIEND	HONES		PAGE 4 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Beau Autin			08	29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 345 Auroura Ave			Amount	
City	State	Zip Code		2.76
Metairie	LA	70006	I	D: 72dcc8eb-17ae-4626-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	-, -,	101236.84	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Laura U Logie			08	29 / 2014
Mailing Address 2565 Shire Circle			Amount	
City	State	Zip Code		10.00
Harrisonburg	VA	22801		: a805d0a7-0f20-451d-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	271614.73	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			12.76
, , ,			7	
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 31	2014
S.g. latter				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	g man
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Jodi Fountain	Date of Public Distribution/Dissemination
	08 / 29 / 2014
Mailing Address 1010 S Dogwood Drive	Amount
City State Zip Code	40.00
Bogalusa LA 70427	Transaction ID : 5bd923b7-868a-4277-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 29 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary X General Other (specify) ▶
Full Name of Payee Jodi Fountain	Date of Public Distribution/Dissemination
	08 / 29 / 2014
Mailing Address 1010 S Dogwood Drive	Amount
City State Zip Code	13.20
Bogalusa LA 70427	Transaction ID : 1e55bfde-21e2-4af8-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type O02	08 29 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.	53.20
	7 7 4
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date 0	8 31 2014
Signature	

Scl	hedule E)	.//i =::=:	1011=0				PAGE 6 OF 44 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	-				FEC II	DENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC						
Che	eck if 24-hour report X 48-hour report	X New repo	ort Am	ends repo	ort filed on	M = M	/ D D / Y T Y T Y
T	Full Name of Payee Toni A Persinger-Buckler				Dat	e of Publi	c Distribution/Dissemination
-	Mailing Address 5330 Nestleway Dr					08 08	29 / 2014
	5330 Nestieway Di				Am	ount	
ı	City Sta	tate	Zip Code				20.00
		NC	27012				ID: d454b5a5-eb3e-4191-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M M 08	29 2014
T	Name of Federal Candidate		s	Support	Office Sou	ght:	House District:00
	Ms. Kay Hagan			Oppose			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	271614.73		Disbursem 2014	ent For: Other (sp	Primary
Γ	Full Name of Payee				Dat	e of Publi	ic Distribution/Dissemination
	Toni A Persinger-Buckler					M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Mailing Address 5330 Nestleway Dr					UO	29 2014
Ĭ	o ooo nosionay 5.				Am	ount	
ľ	City Sta	tate	Zip Code				6.39
		NC	27012				D : 3079b6a1-7d94-4a00-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		08	29 / 2014
	Name of Federal Candidate			Support	Office Sou	ight:	House District:00
-	Ms. Kay Hagan		X	Oppose	Pres	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		271614.73	3	Disbursem 2014	ent For: Other (sp	Primary X General pecify) ▶
(6	 a) SUBTOTAL of Itemized Independent Expenditures 				· •	7	26.39
(I	b) SUBTOTAL of Unitemized Independent Expenditures	·			·· •		
(0	c) TOTAL Independent Expenditures						
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its ager	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	9 08	/ 31	/ Y Y Y Y Y Y Y 2014
	Signature		_				

Schedule E)	THE EXILEND	TIONES	⊢	PAGE 7 OF 44 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼		
Women Speak Out PAC						
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Nick Berryhill			M M /	29 / 2014		
Mailing Address 905 Lake Drive			Amount			
City	State	Zip Code		30.00		
Shelby	NC	28152		: 19a35a24-6cd2-41de-a sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	08	29 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President X			
Calendar Year-To-Date Per Election for Office Sought	, , ,	271614.73	Disbursement For: 2014 Other (spe	Primary		
Full Name of Payee	<u> </u>		Date of Public	Distribution/Dissemination		
Nick Berryhill			08	29 / 2014		
Mailing Address 905 Lake Drive			Amount			
City	State	Zip Code	<u> </u>	25.80		
Shelby	NC	28152		: 7e5becc5-0111-4346-a sement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	08	29 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	7 7	271614.73	Disbursement For: 2014 Other (spe	Primary		
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			55.80		
(b) CURTOTAL of Heitagrical Independent Function	414					
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	4 1 2		
(c) TOTAL Independent Expenditures			>	7 7		
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 31	2014		
•						

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0
Check if 24-hour report X 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y
Full Name of Payee Morgan E Hallenbeck	Date of Public Distribution/Dissemination
	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3790 Christian Light Rd	Amount
City State Zip Code	70.00
Fuquay Varina NC 27526	Transaction ID : 5a764fec-e398-4193-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disb. 271614.73	ursement For: Primary General Other (specify)
Full Name of Payee Morgan E Hallenbeck	Date of Public Distribution/Dissemination
	08 29 7 2014
Mailing Address 3790 Christian Light Rd	Amount
City State Zip Code	32.10
Fuquay Varina NC 27526	Transaction ID : dfb2b0c8-d822-4629-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 29 / 2014
Name of Federal Candidate Support Office	ee Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	102.10
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	النبا لنا ك

Schedule E)	511 61126	PAGE 9 OF 44 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
Vomen Speak Out PAC C c00530766						
Check if 24-hour report X 48-hour report New re	eport Amends report fil	iled on				
Full Name of Payee		Date of Public Distribution/Dissemination				
Laura U Logie		08				
Mailing Address 2565 Shire Circle		Amount				
City State	Zip Code	20.00				
Harrisonburg VA	22801	Transaction ID: 49833566-311e-42cf-b Date of Disbursement or Obligation				
Purpose of Expenditure Salary	Category/ Type 001	08 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	Support Of	ffice Sought: House District: 00				
Ms. Kay Hagan	Oppose [President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary				
Full Name of Payee		Date of Public Distribution/Dissemination				
Serena A Jones		08 29 2014				
Mailing Address 7151 Mullins Drive		2017				
1.12		Amount				
City State	Zip Code	80.00				
Saltville VA	24370	Transaction ID: 1917368b-e758-4ddb-8 Date of Disbursement or Obligation				
Purpose of Expenditure Salary	Category/ Type 001	08 / 29 / 2014				
Name of Federal Candidate	Support Of	office Sought: House District: 00				
Ms. Kay Hagan	Oppose [President State: NC				
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary				
(a) SUBTOTAL of Itemized Independent Expenditures	·····	100.00				
(b) SUBTOTAL of Unitemized Independent Expenditures	·····					
(c) TOTAL Independent Expenditures	·····					
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.						
Ms. Emily Buchanan [Electro	onically Filed] Date	08 31 2014				
Signature						

Schedule E)	INI EXI END	HONES	PAG FOR	E 10 OF 44 SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTI	FICATION NUMBER ▼		
Vomen Speak Out PAC C c00530766						
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	D / Y = Y = Y		
Full Name of Payee			Date of Public Dist	ribution/Dissemination		
Serena A Jones				29 / 2014		
Mailing Address 7151 Mullins Drive			Amount			
City	State	Zip Code		37.80		
Saltville	VA	24370	Transaction ID : dl Date of Disburseme	o9c8417-582f-40ce-a ent or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002		29 / 2014		
Name of Federal Candidate		Support	Office Sought: Ho	ouse District: 00		
Ms. Kay Hagan		X Oppose	President X Se	nate State: NC		
Calendar Year-To-Date Per Election for Office Sought	7	271614.73	Disbursement For: 2014 Other (specify)	Primary General •		
Full Name of Payee			Date of Public Dist	ribution/Dissemination		
Stephanie L Heun				29 / Y Y Y Y Y Y 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount	2011		
City	State	Zip Code		28.30		
Oak Creek	WI	53154	Transaction ID : d9 Date of Disbursem	50391c-9f62-4477-8		
Purpose of Expenditure Salary		Category/ Type 001	M = M / D	29 / 2014		
Name of Federal Candidate		Support	Office Sought: Ho	ouse District:00		
Ms. Kay Hagan		X Oppose	President X Se			
Calendar Year-To-Date Per Election for Office Sought	7 7	271614.73	Disbursement For: 2014 Other (specify)	Primary		
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	66.10		
(b) SUBTOTAL of Unitemized Independent Expen-	ditures					
(b) GOD TO THE OF GIMONIZED INDEPENDENT EXPENS	antaroo		7	4		
(c) TOTAL Independent Expenditures			•	4		
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 31	2014		
5.g.iatai 5						

Schedule E)	IN EXILID	TIONES	PAGE 11 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			08 / 29 / 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	57.50
charlotte	NC	28227	Transaction ID: 509402ef-1f98-43d5-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 29 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		101236.84	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			08 / 29 / 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	25.80
charlotte	NC	28227	Transaction ID: 703ad7a4-28a4-4500-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	101236.84	Disbursement For: Primary General G
(a) SUBTOTAL of Itemized Independent Expendit	ures		83.30
(b) SUBTOTAL of Unitermized Independent Exper	nditures		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Scl	hedule E)	TETT OTTES	PAGE 12 OF 44 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
Che	ck if 24-hour report X 48-hour report New	report Amends repor	filed on Man / Dad / Yayayay
T	Full Name of Payee William M Goldsmith		Date of Public Distribution/Dissemination
ŀ	Mailing Address 211 Pearl St		08 29 2014 Amount
ŀ	City State	Zip Code	90.00
	City State Drexel NC	28619	Transaction ID : f9ccc120-7bf6-4511-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Kay Hagan	Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	271614.73	Disbursement For: Primary General 2014 Other (specify) ▶
	Full Name of Payee William M Goldsmith Mailing Address 211 Pearl St		Date of Public Distribution/Dissemination 08 29 2014 Amount
ŀ	City State	Zip Code	22,29
	Drexel NC	28619	Transaction ID : 73c56cf2-f690-4542-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	08 / 29 / 2014
ľ	Name of Federal Candidate	Support	Office Sought: House District: 00
	Ms. Kay Hagan	X Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	271614.73	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(6	a) SUBTOTAL of Itemized Independent Expenditures		112.29
(1	b) SUBTOTAL of Unitemized Independent Expenditures		•
(0	c) TOTAL Independent Expenditures		•
W	Inder penalty of perjury I certify that the independent expenditu ith, or at the request or suggestion of, any candidate or authori arty committee) any political party committee or its agent.		
		tronically Filed] Date	08 31 2014
	Signature		

Schedule E)	WI EXI END	HONES	PAGE 13 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sharon t Craig			08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville Dr			Amount
City	State	Zip Code	50.00
Lenoir	NC	28645	Transaction ID : bb86519c-b08d-42db-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 29 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	271614.73	Disbursement For: Primary General Q014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sharon t Craig			08
Mailing Address 1410 Bushville Dr			Amount
City	State	Zip Code	13.50
Lenoir	NC	28645	Transaction ID : fd297ba8-cdf1-4d18-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 29 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	271614.73	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		63.50
			7- 7- 7-
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	L/(1 = 1.12 .	1101120		PAGE 14 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				G coossis
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Cynthia Stewart			M	08 / 29 / Y Y Y Y Y Y
Mailing Address 3001 Pendell Lane			Amou	nt
City	State	Zip Code	-	80.00
Ft. Smith	AR	72901		action ID : f4c613d4-68a9-4fea-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		of Disbursement of Obligation 08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor		X Oppose	Preside	A.D.
Calendar Year-To-Date Per Election for Office Sought		69745.98	Disbursement 2014	rt For: Primary X General
Full Name of Payee				of Public Distribution/Dissemination
Caleb Craig				08 29 2014
Mailing Address 1410 Bushville drive				
			Amou	int
City	State	Zip Code		100.00
Lenoir	NC	28645	Transa Date	action ID: 0242b500-2f75-4c5b-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 29 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan		Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		271614.73	Disbursemen 2014 O	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	180.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •	
(c) TOTAL Independent Expenditures				
(C) TOTAL Independent Expenditures			•	4 4 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08	31 2014
Signature		_		

Schedule E)	IVI EXI EIVE	TI OTILO	PAGE 15 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			08 29 2014
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	9.00
Lenoir	NC	28645	Transaction ID : 9dc70a6c-7819-4dbf-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 29 / 4 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	271614.73	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Daniel E Collison			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3315 Cardinal Ridge Rd			Amount
City	State	Zip Code	45.00
Greensboro	NC	27410	Transaction ID : eea55f1e-1cbb-41fc-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 29 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	77	271614.73	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ıres		54.00
			7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g.lataro			

Schedule E)	in Exi End			PAGE 16 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
				/ D D / Y Y Y Y Y
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on	
Full Name of Payee Daniel E Collison			Date of Pub	olic Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd			Amount	25 2017
City	State	Zip Code		24.60
Greensboro	NC	27410		1D: 323744ac-646d-4888-b bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 08	/ D D / Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		271614.73	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Lisa Miller			Date of Pub	olic Distribution/Dissemination
Mailing Address 718 Azalea Dr.			08	29 2014
Unit 453			Amount	
City	State	Zip Code		53.00
Hampstead Purpose of Fundamental Purpose of F	NC	28443	Transaction Date of Dis	ID: 91b14db1-0246-4c14-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		271614.73	Disbursement For: 2014 Other (Primary X General Specify) ▶
(-) CURTOTAL of Hamined Indopendent Evpending	E			77.60
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	77.60
(b) SUBTOTAL of Unitemized Independent Exper	nditures		• •	
(c) TOTAL Independent Expenditures			•	P 1 4 1 4 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date		2014
Signature		_		

Schedule E)	PAGE 17 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee	Data of Bublic Distribution/Discomination
Lisa Miller	Date of Public Distribution/Dissemination 08 / 29 / 2014
Mailing Address 718 Azalea Dr. Unit 453	Amount
	6.09
City State Zip Code Hampstead NC 28443	Transaction ID: 7b0d7d4c-0613-4133-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 29 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disl 271614.73	bursement For: Primary General Other (specify) ▶
Full Name of Payee Anthony Pearson Mailing Address 112 apache Dr	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code	30.00
Search AR 72149	Transaction ID : b48c0f1d-0132-44c8-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 29 2014
Name of Federal Candidate Support Offi	ice Sought: House District:00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	36.09
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 31 2014
Signature	

	· –,	F	FOR SE OF I	FORM 24/48
	COMMITTEE (In Full)	FEC IDE	NTIFICATIO	N NUMBER ▼
vvomer	n Speak Out PAC	C	:00530766	
Check if	24-hour report X 48-hour report New report Amends report filed on	м м /	D	Y
		of Public	Distribution/D	issemination
		M M /	29 /	2014
Mailing	Address 4006 Wolkswalk Place Amo	unt		
City	State Zip Code			11.50
Raleig	NC 27610 Tran		: 6eb02bba- sement or Ob	
Purpos Salary	of Expanditure	M M / 08	29	2014
Name	of Federal Candidate Support Office Soug	ht:	House D	istrict:00
Ms. Ka	y Hagan Oppose Presid	dent X	Senate	State: NC
	llendar Year-To-Date Disburseme 271614.73 Disburseme 2014	nt For: [Other (spe	Primary	X General
Dian 		of Public	Distribution/E	Dissemination Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code			3.00
Raleig	h NC 27610 Trans		: f1081885-f5 sement or Ol	559-4e26-b
Purpos Mileaç	e of Expenditure	M 08 /	29	2014
Name	of Federal Candidate Support Office Soug	jht:	House D	District: 00
Ms. Ka	y Hagan Oppose Presi	dent X	Senate	State: NC
	alendar Year-To-Date or Election for Office Sought Disbursement 271614.73 Disbursement 2014	ent For:	Primary ecify) ►	X General
(a) SUE	TOTAL of Itemized Independent Expenditures	1 -7-		14.50
(b) SUE	TOTAL of Unitemized Independent Expenditures	1 7		
(c) TOT	AL Independent Expenditures			
with, or	enalty of perjury I certify that the independent expenditures reported herein were not made in at the request or suggestion of, any candidate or authorized committee or agent of either, or (immittee) any political party committee or its agent.			
<u> </u>	Ms. Emily Buchanan [Electronically Filed] Date 08	31	2014	
Signa	tture			

PAGE

18

OF

Schedule E)	VI EXI END	ITOTILO		PAGE 19 OF 44 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D D / Y Y Y Y Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Gregory Green			08	29 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71104		: 31437167-3c5c-4227-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		101236.84	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Gregory Green			08	29 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		51.60
Shreveport	LA	71104		0947d79f-694c-4c6f-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	101236.84	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			131.60
				4
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) TOTAL Independent Expenditures			•	1 7 1 1 5 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / 31	2014
- 9				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C C0030766
Check if 24-hour report X 48-hour report New report Amends report filed	on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Lily Green	08 29 2014
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	80.00
Shreveport LA 71119	Transaction ID: e56381b7-f722-4488-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 29 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Lily Green	08 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	51.60
Shreveport LA 71119	Transaction ID : f8c6c605-f14f-465d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 29 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	131.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 0	8 31 2014
Signature	

Schedule E)			1101120		PAGE 21 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITT					FEC IDENTIFICATION NUMBER ▼
Women Speak	COut PAC				C C00530766
Check if 24-hour	report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Pay Jacob S Ma	ee ann				of Public Distribution/Dissemination
Mailing Address	3875 Old Stage Rd S			Amour	08 29 2014 nt
City		State	Zip Code		70.00
Erwin		NC	28339		action ID : fa37723c-fe5c-4281-9 of Disbursement or Obligation
Purpose of Exper Salary	nditure		Category/ Type 001		08 29 2014
Name of Federal	Candidate		Support	Office Sought	t: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Yea Per Election	ar-To-Date for Office Sought		271614.73	Disbursement 2014 Of	t For: Primary X General
Full Name of Pay Jacob S Mai				_	of Public Distribution/Dissemination
Mailing Address	3875 Old Stage Rd S			Amou	
City		State	Zip Code		34.50
Erwin		NC	28339		ction ID : 5f28718f-1b1a-4963-8 of Disbursement or Obligation
Purpose of Exper Mileage	nditure 		Category/ Type 002	М	08 / 29 / 2014
Name of Federal	Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Yea Per Election	ar-To-Date for Office Sought		271614.73	Disbursemen 2014 O	t For:
(a) SUBTOTAL of	Itemized Independent Expend	litures			104.50
(b) SUBTOTAL of	Unitemized Independent Expe	enditures		· •	
(c) TOTAL Indepe	ndent Expenditures			•	
with, or at the requ		ndidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. E	mily Buchanan	[Electron	nically Filed] Date	9 08	31 2014
Signature					

Schedule E)	AFLINDI	ITORES		PAGE 22 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Joneisha Stewart			Dat	e of Public Distribution/Dissemination
Mailing Address 2329 Runnymede Dr			A	08 29 2014
			Am	ount
City Stat		Zip Code		50.00
Marrero LA	A	70072		nsaction ID: db5a8814-d4d0-46b1-8 te of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sou	ight: House District:00
Ms. Mary L Landrieu		X Oppose	Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought	1	01236.84	Disbursem 2014	nent For: Primary X General Other (specify) ▶
Full Name of Payee			Dat	te of Public Distribution/Dissemination
Francesca Blom				08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Asbury Ct			Am	ount
City Sta	ate	Zip Code	—г	70.00
Winchester		22602		nsaction ID : f3aad221-3718-496a-b te of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 29 / 2014
Name of Federal Candidate		Support	Office Sou	ught: House District: 00
Ms. Kay Hagan		Oppose	Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		271614.73	Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures				120.00
(a) SOBTOTAL STRICTING MISSON CARPORAL EXPONENTIAL CO.				7
(b) SUBTOTAL of Unitemized Independent Expenditures.			. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M	31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Sch	edule E)	L/(1 L.(L.	101120				PAGE 23 OF 44 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort An	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
TF	Mattie Harris	,			Date	M M	c Distribution/Dissemination
M	Mailing Address 3654 Tara St				Amo	08 ount	29 2014
	Dity S	State	Zip Code		- $ $ $ $ $ $		80.00
- 1	springdale	AR	72762				ID: a841b512-8e50-4f04-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			M M M 08	29 / 2014
N	Name of Federal Candidate		<u>' </u>	Support	Office Sou	aht:	House District:00
_ N	Mr. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		69745.98		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Sue G Walker				Dat	M = M	c Distribution/Dissemination
N	Mailing Address 3 Girard				Am	08 ount	29 2014
	City	State	Zip Code		$ \Gamma$		80.00
	Fort Smith	AR	72901		Tran Dat	saction II e of Disbu	D: 24aeaba5-3064-4a66-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			08 ^M	29 2014
١	Name of Federal Candidate			Support	Office Sou	ight:	House District:00
	Mr. Mark L Pryor		X	Oppose			Senate State: AR
\perp	Calendar Year-To-Date Per Election for Office Sought		69745.9	8	Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
(a)) SUBTOTAL of Itemized Independent Expenditures.				. .	- 7	160.00
(b)) SUBTOTAL of Unitemized Independent Expenditure	es			·· •		
(c)) TOTAL Independent Expenditures				· •		117112
wit	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 08	/ 31	2014
	Signature						

Schedule E)	PAGE 24 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	/ D D / Y Y Y Y Y
	olic Distribution/Dissemination
Carol L Walters	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1900 Glen West Way Amount	
City State Zip Code	90.00
Fort Smith AR 72916 Transaction	n ID : 1d8d57ed-8cc9-4bdc-8 bursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 08	/ D D / Y Y Y Y Y Y 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (s	Primary
	blic Distribution/Dissemination
Carol L Walters	29 / 2014
Mailing Address 1900 Glen West Way Amount	
City State Zip Code	105.00
	ID: 521ee8c8-842a-4f84-8 sbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002 08	29 / 2014
Name of Federal Candidate Support Office Sought:	House District:00
Mr. Mark L Pryor Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (Primary
(a) SUBTOTAL of Itemized Independent Expenditures	195.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08 31	

Schedule E)				PAGE 25 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-	hour report New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Carol L Walters			Date of Public	c Distribution/Dissemination
Mailing Address 1900 Glen West W			08 Amount	29 2014
City	State	Zip Code		90.00
Fort Smith	AR	72916		ID: aecd8485-a9cc-456b-a
Purpose of Expenditure Salary		Category/ Type 001	08	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		69745.98	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Carol L Walters			Date of Public	c Distribution/Dissemination
Mailing Address 1900 Glen West	Way		08 Amount	29 2014
City	State	Zip Code		105.00
Fort Smith	AR	72916	Transaction ID Date of Disbu	D: 32e91fd2-a382-49c9-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		69745.98	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Indepen	dent Expenditures		·	195.00
(b) SUBTOTAL of Unitemized Indep	endent Expenditures			***************************************
(c) TOTAL Independent Expenditure	ıS		>	7 1 7
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party of	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	08 31	/ Y - Y - Y - Y - Y - 2014
Signature				

Sched	dule E)	TI EXI EITO	101120		PAGE 26 OF 44 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Worr	nen Speak Out PAC				C C00530766
Check i	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full	Name of Payee hristopher Marquess				of Public Distribution/Dissemination
	ling Address 110 W Pecan St				08 / 29 / 2014
	o Thow recall of			Amou	nt
City		State	Zip Code	L	50.00
	le Platte	LA	70586		action ID: 556a2e80-2380-4ac2-9 If Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	M	08 / D D / Y Y Y Y Y 2014
Nan	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	. Mary L Landrieu		Oppose	Preside	ent X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, 1	01236.84	Disbursement 2014 O	t For: Primary ⊠ General
	Name of Payee	_		Date of	of Public Distribution/Dissemination
CI	hristopher Marquess			M	08 29 2014
Mai	iling Address 110 W Pecan St			Amou	
				Amou	
City		State	Zip Code		24.60
	le Platte	LA	70586		ction ID: 8541ed35-2882-4287-9 of Disbursement or Obligation
	pose of Expenditure leage		Category/ Type 002	M	08 29 7 2014
Nar	me of Federal Candidate		Support	Office Sough	t: House District:00
Ms	. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 7	101236.84	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) S	SUBTOTAL of Itemized Independent Expenditu	res		•	74.60
(b) S	SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) T	FOTAL Independent Expenditures			•	7 1 7 1 4
with,	er penalty of perjury I certify that the independ or at the request or suggestion of, any candid committee) any political party committee or its	ate or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	08	31 2014
S	ignature				

Sch	nedule E)	M 1011-11-1	1101120				PAGE 27 OF 44 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	ort filed on	M = M /	D = D / Y = Y = Y
	Full Name of Payee Randy M Gold				Date	M = M	c Distribution/Dissemination
N	Mailing Address 1436 Haigs Creek Dr				Amo	08 ount	29 2014
	City State		Zip Code				35.00
- 1	Elgin SC		29045				ID: b65a475f-b458-4670-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M 08	29 / 2014
I	Name of Federal Candidate		s	Support	Office Soug	ıht:	House District:00
	Mr. Mark L Pryor			Oppose	Presi	· _	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		69745.98		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Randy M Gold				Date	of Publi	c Distribution/Dissemination
1	Mailing Address 1436 Haigs Creek Dr				Amo	ount	
(City State	e	Zip Code				26.91
<u> </u>	Elgin SC		29045		Trans Date	saction II of Disbu	D: a55b362c-7ce3-42ff-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M 8	29 2014
-	Name of Federal Candidate			Support	Office Souç	ght:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Presi	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7	69745.98	3	Disburseme 2014	ent For: Other (sp	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures				• [61.91
(b	b) SUBTOTAL of Unitemized Independent Expenditures				• [
(с	c) TOTAL Independent Expenditures				• [
wi	nder penalty of perjury I certify that the independent exp ith, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	. 08	31	2014
	Signature						

Schedule E)	INT EXI END	ON ONES	PAGE 2 FOR SE C	8 OF 44 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICAT	TION NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	/ Y = Y = Y
Full Name of Payee			Date of Public Distributio	n/Dissemination
Kaleigh J Wagner			08 / 29	2014
Mailing Address 18065 Wayne Rd			Amount	
City	State	Zip Code		35.00
Odessa	FL	33556	Transaction ID : 3710f3e Date of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 001	08 / 29	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	-	69745.98	Disbursement For: Prima 2014 Other (specify) ▶	ry X General
Full Name of Payee			Date of Public Distribution	n/Dissemination
Lee R Carter			08 / 29	2014
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code		75.00
Raleigh	NC	27604	Transaction ID: 85e6824 Date of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 001	08 / 29	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	271614.73	Disbursement For: Prima 2014 Other (specify) ▶	ry X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			110.00
			7	
(b) SUBTOTAL of Unitermized Independent Expen	ditures)	
(c) TOTAL Independent Expenditures			>	450
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date		014 Y
- 3				

Schedule E)	PAGE 29 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	report filed on/
Full Name of Payee Lee R Carter	Date of Public Distribution/Dissemination
Mailing Address 3110 Brentwood Rd	08 29 2014 Amount
	Allouit
City State Zip Code	7.80
Raleigh NC 27604	Transaction ID : 5d6c0313-14fc-440a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 08 / 29 / 2014
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Kay Hagan Oppose	
Calendar Year-To-Date Per Election for Office Sought 271614.73	Disbursement For: Primary
Full Name of Payee Theresa a Youngblood	Date of Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2	08 29 2014 Amount
City State Zip Code	85.00
Berryville VA 22611	Transaction ID : a37ab214-1019-403b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 08 29 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Kay Hagan Oppos	Se President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 271614.73	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	92.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
	4 4
(c) TOTAL Independent Expenditures	······· >
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
	Date 08 31 2014
Signature	

ScI	hedule E)	.11-	110.120		PAGE 30 OF 44 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	_			FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report New	w rep	oort Amends repor	rt filed on	M = M / D = D / Y = Y = Y
T	Full Name of Payee Timothy Foley			Da	ate of Public Distribution/Dissemination
-	Mailing Address 20679 Glenbrook Terrace			An	08 29 2014 mount
ŀ	City State		Zip Code		70.00
	Sterling VA		20165		ransaction ID: b444a75b-7b72-4c1c-8 ate of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Kay Hagan		X Oppose		esident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	271614.73	Disbursen 2014	ment For:
	Full Name of Payee Lucas H Hoyle			Da	ate of Public Distribution/Dissemination
	Mailing Address 282 Falls Ave			Ar	mount
ľ	City State		Zip Code		30.00
	Granite Falls NC		28630	Tra Da	ansaction ID : b8e1ee1a-842e-4830-8 ate of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001] [_	08 / 29 / 2014
Ī	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Kay Hagan		Oppose	Pre	esident State: NC
	Calendar Year-To-Date Per Election for Office Sought	7	271614.73	Disburser 2014	ment For: Primary
(6	(a) SUBTOTAL of Itemized Independent Expenditures			• [100.00
(1	(b) SUBTOTAL of Unitemized Independent Expenditures				
(((c) TOTAL Independent Expenditures			• [
W	Under penalty of perjury I certify that the independent expendivith, or at the request or suggestion of, any candidate or authoracty committee) any political party committee or its agent.				
		ectron	nically Filed] Date	M M M	31 2014
	Signature				

		FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATIO	N NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report filed of	1	Y W Y W Y
T	Full Name of Payee	Date of Public Distribution/[Dissemination
	Lucas H Hoyle	08 / 29 /	2014
	Mailing Address 282 Falls Ave	Amount	
ŀ	City State Zip Code		16.20
		Transaction ID : c8572211- Date of Disbursement or O	
	Purpose of Expenditure Mileage Category/ Type 002	08 / 29	2014
ľ	Name of Federal Candidate Support Office	Sought: House [District: 00
	Ms. Kay Hagan	resident X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburg 271614.73 Disburg 2014	ement For: Primary Other (specify) ▶	X General
	Full Name of Payee	Date of Public Distribution/I	Discomination
	Ralph Smith	Date of Public Distribution/1	2014
	Mailing Address 2090 Fancy Gap Rd	Amount	
ŀ	City State Zip Code		40.00
	Mt. Airy NC 27030	ransaction ID : cef47490-7 Date of Disbursement or O	
	Purpose of Expenditure Salary Category/ Type 001	08 / 29	2014
ľ	Name of Federal Candidate Support Office	Sought: House [District: 00
	Ms. Kay Hagan Oppose	President Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	ement For: ☐ Primary Other (specify) ▶	General
((a) SUBTOTAL of Itemized Independent Expenditures		56.20
((b) SUBTOTAL of Unitemized Independent Expenditures		1.00.1
((c) TOTAL Independent Expenditures		
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 08	31 2014	
	Signature		

PAGE

OF

Schedule E)	DEITI EXI EITE	TI OTILO	PAGE 32 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			08 / 29 / 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	25.38
Mt. Airy	NC	27030	Transaction ID: e2102c22-bc46-4f09-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 29 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	271614.73	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			08 29 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	50.00
Mandeville	LA	70471	Transaction ID : 3f308056-6b79-4576-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	7	101236.84	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		75.38
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	IN EXIEND	HONES	PAGE 33 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			08 / 29 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	9.90
Mandeville	LA	70471	Transaction ID : d6f4408a-ad2a-49a6-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 29 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-	101236.84	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Bradley K Kissinger			08 29 2014
Mailing Address 3113 Imperial Valley Dr.			Amount
City	State	Zip Code	55.00
Little Rock	AR	72212	Transaction ID : aebc6ce8-2fd3-48f8-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 29 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , ,	69745.98	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		64.90
			7- 7- 7-
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)				PAGE 34 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Bradley K Kissinger			M	08 29 2014
Mailing Address 3113 Imperial Valley Dr.			Amour	t
City	State	Zip Code		18.30
Little Rock	AR	72212		action ID : f0776359-3a8f-4b86-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 / 29 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		69745.98	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee Christine Stevens				f Public Distribution/Dissemination
AASTON Address				08 29 7 2014
Mailing Address 100 Asbury Ct			Amour	nt
City	State	Zip Code		70.00
Winchester	VA	22602		ction ID : 2ff5e581-6292-4d40-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 29 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	271614.73	Disbursement 2014 Ot	For: Primary X General her (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	2			88.30
(a) SUBTUTAL OF REITHZEG THGEPETGETIC EXPENDITURE.	3		• -	88.30
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	08	31 2014
Signature		_		

Sch	edule E)					PAGE 35 OF 44 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M /	D = D / Y = Y = Y
	Full Name of Payee Jazmine d Conner				M = M /	C Distribution/Dissemination
N	Mailing Address 100 ASBURY CT			Amor	08 unt	29 2014
	Dity State		Zip Code			60.00
	WINCHESTER VA		22602			ID: c6878ef0-8eae-447b-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08	29 / 2014
N	Name of Federal Candidate		Support	Office Soug	ht:	House District: 00
	Ms. Kay Hagan		X Oppose	Presid	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	271614.73	Disburseme 2014	nt For: Other (sp	Primary
	Full Name of Payee Jon E Conner			Date	M = M	c Distribution/Dissemination
N	Mailing Address 100 Asbury Ct			Amo	08 unt	29 2014
	City State		Zip Code			60.00
_	Winchester VA		22602			D: f778afe5-c1e2-4cb0-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	$\Box \mid \Box$	08	29 2014
١	Name of Federal Candidate		Support	Office Soug	ht:	House District:00
	Ms. Kay Hagan		X Oppose	Presid	,	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		271614.73	Disburseme 2014	nt For: Other (sp	Primary X General
(a)) SUBTOTAL of Itemized Independent Expenditures			· [120.00
(b) SUBTOTAL of Unitemized Independent Expenditures			· -		1 7 1 7 1
(c)) TOTAL Independent Expenditures			•		
wit	nder penalty of perjury I certify that the independent expeth, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent.					
		[Electron	nically Filed] Date	08	31	2014
	Signature		_			

Schedule E)		PAGE 36 OF 44 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	* M / D = D / Y = Y = Y
Full Name of Payee	Data (of Public Distribution/Dissemination
Rodney O Culbreath		08 29 2014
Mailing Address 100 Asbury Ct	Amou	nt
City State Zip Co	ode	70.00
Winchester VA 22602	Trans	action ID : aa2f45dd-dc1f-41a4-8 of Disbursement or Obligation
Purpose of Expenditure Salary Cate	gory/ Type 001	08
Name of Federal Candidate	Support Office Sough	t: House District: 00
Ms. Kay Hagan	Oppose Preside	NC NC
Calendar Year-To-Date Per Election for Office Sought 271614.		t For: Primary
Full Name of Payee	Date	of Public Distribution/Dissemination
Rodney D Culbreth	TV	08 29 2014
Mailing Address 100 Asbury CT	Amou	nt
3200 Dam Neck Rd		
City State Zip Co Winchester VA 2260	2 Transa	70.00 action ID : 2add04b8-3bde-453d-9 of Disbursement or Obligation
Purpose of Expenditure Salary Cate		08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sough	t: House District: 00
Ms. Kay Hagan	Oppose Preside	,
Calendar Year-To-Date Per Election for Office Sought 271	Disbursemen 2014	t For:
(a) SUBTOTAL of Itemized Independent Expenditures		140.00
(1) OUDTOTAL (11 in 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •	4
(c) TOTAL Independent Expenditures	·	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized community committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically F	iled] Date 08	31 2014
Signature		

Sc	chedule E)	PAGE 37 OF 44 FOR SE OF FORM 24/48			
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
W	Vomen Speak Out PAC	C C00530766			
Che	Check if 24-hour report X 48-hour report New report Amends report filed on				
Т	Full Name of Payee	Date of Public Distribution/Dissemination			
	Rze Culbreath	08 29 2014			
	Mailing Address 100 Asbury Ct	Amount			
ŀ	City State Zip Code	70.00			
	Winchester VA 22602	Transaction ID : 60beecd4-22fa-4ebd-b Date of Disbursement or Obligation			
	Purpose of Expenditure Salary Category/ Type 001	08 29 / 2014			
Ì	Name of Federal Candidate Support Of	fice Sought: House District: 00			
	Ms. Kay Hagan Oppose	President Senate State: NC			
	Calendar Year-To-Date Per Election for Office Sought Diagram 271614.73	sbursement For: Primary X General 14 Other (specify) ▶			
Ī	Full Name of Payee	Date of Public Distribution/Dissemination			
	Francis Richardson	08 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
•	Mailing Address 220 Doucet Rd	00 23 2017			
		Amount			
-	City State Zip Code	25.00			
	Lafayette LA 70503	Transaction ID : a43a47a0-a0da-4938-8 Date of Disbursement or Obligation			
	Purpose of Expenditure Salary Category/ Type 001	08 / 29 / 2014			
Ī	Name of Federal Candidate Support Of	ffice Sought: House District: 00			
	Ms. Mary L Landrieu Oppose	President Senate State: LA			
		sbursement For:			
((a) SUBTOTAL of Itemized Independent Expenditures	95.00			
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures				
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Signature				

Scł	nedule E)	.51101120		PAGE 38 OF 44 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)			NTIFICATION NUMBER ▼	
W	omen Speak Out PAC	СС	00530766		
Che	Check if 24-hour report X 48-hour report X New report Amends report filed on				
$\overline{}$	Full Name of Payee		Date of Public	Distribution/Dissemination	
	Francis Richardson		Date of Fabric 1	29 2014	
	Mailing Address 220 Doucet Rd		Amount		
ŀ	City State	Zip Code		1.44	
	Lafayette LA	70503		: 85ab48df-630b-47c8-9 sement or Obligation	
	Purpose of Expenditure Mileage	Category/ Type 002	08	29 / 2014	
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00	
L	Ms. Mary L Landrieu				
	Calendar Year-To-Date Per Election for Office Sought	101236.84	Disbursement For: 2014 Other (spec	Primary	
Γ	Full Name of Payee		Date of Public	Distribution/Dissemination	
	Tracy M Hargett		M M / / 08	29 2014	
ŀ	Mailing Address 5133 Lord Bryon Road			29 2014	
	5.65 25.4 2.75		Amount		
ŀ	City State	Zip Code		50.00	
	Wilmington NC	28405	Transaction ID : Date of Disburs	: 28fea9d2-5b82-4c24-9 sement or Obligation	
	Purpose of Expenditure Salary	Category/ Type 001	08	29 / 2014	
T	Name of Federal Candidate	Support	Office Sought:	House District: 00	
	Ms. Kay Hagan	Oppose	President X		
	Calendar Year-To-Date Per Election for Office Sought	271614.73	Disbursement For: 2014 Other (spe	Primary	
(8	a) SUBTOTAL of Itemized Independent Expenditures		>	51.44	
(l	b) SUBTOTAL of Unitemized Independent Expenditures		•	7 1 2	
(0	C) TOTAL Independent Expenditures)	7	
W	inder penalty of perjury I certify that the independent expenditurith, or at the request or suggestion of, any candidate or authorizarty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electr	ronically Filed] Date	08 31	2014	
	Signature				

	FOR SE OF FORM 24/48				
AME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC	C00530766				
Check if 24-hour report X 48-hour report New report Amends report filed on					
	c Distribution/Dissemination				
Tracy M Hargett	29 / 2014				
Mailing Address 5133 Lord Bryon Road Amount					
City State Zip Code	21.30				
Wilmington NC 28405 Transaction I	ID: 3222f259-4768-4f92-9 ursement or Obligation				
Purpose of Expenditure Mileage Category/ Type 002	29 2014				
Name of Federal Candidate Support Office Sought:	House District:00				
Ms Kay Hagan	Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 271614.73 Disbursement For: 2014 Other (sp	Primary ☐ General				
	c Distribution/Dissemination				
ERIC TABARY	29 2014				
Mailing Address 6101 NORA ST Amount					
City State Zip Code	70.00				
	D: df3c3fb2-a606-40eb-8 ursement or Obligation				
Purpose of Expenditure Salary Category/ Type 001	29 / 2014				
Name of Federal Candidate Support Office Sought:	House District: 00				
Ms. Mary L Landrieu President	Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (sp	Primary ⊠ General Decify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	91.30				
	7				
(b) SUBTOTAL of Unitemized Independent Expenditures	7				
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperat with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the report party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date 08 31	2014				

Schedule E)	ENT EXILID	HONES	PAGE 40 OF 4 FOR SE OF FORM 24/4	l4 8	
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC C C00530766					
Check if 24-hour report					
Full Name of Payee			Date of Public Distribution/Dissemination	on	
ERIC TABÁRY			08 / 29 / 2014	Y	
Mailing Address 6101 NORA ST			Amount		
City	State	Zip Code	1.5	50	
METAIRIE	LA	70003	Transaction ID : f1441d82-fddb-4ca4- Date of Disbursement or Obligation	b	
Purpose of Expenditure Mileage		Category/ Type 002	08 / 29 / 2014	Y	
Name of Federal Candidate		Support	Office Sought: House District: 0	0	
Ms. Mary L Landrieu		X Oppose	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought	.,,	101236.84	Disbursement For: Primary ☐ Gen 2014 Other (specify) ▶	eral	
Full Name of Payee			Date of Public Distribution/Dissemination	on	
Danielle McCoy			08 29 2014	Y	
Mailing Address 1025 Cayley Ct			Amount		
City	State	Zip Code	40.00		
High Point	NC	27260	Transaction ID : d4894104-f7a2-4b22-8 Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	08 / DDD / Y Y Y Y 2014	Y	
Name of Federal Candidate		Support	Office Sought: House District:	00	
Ms. Kay Hagan		X Oppose	President Senate State: N		
Calendar Year-To-Date Per Election for Office Sought	.,,	271614.73	Disbursement For: Primary X Ger 2014 Other (specify) ▶	neral	
(a) SUBTOTAL of Itemized Independent Expendent	litures		41.50	j	
			7 7 7	_	
(b) SUBTOTAL of Unitemized Independent Expo	enditures		>		
(c) TOTAL Independent Expenditures			·		
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	didate or authorized				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
-					

Schedule E)				PAGE 41 OF 44 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FF	EC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC C c00530766					
Check if 24-hour report X 48-hour report New report Amends report filed on					
Full Name of Payee Danielle McCoy			M		
Mailing Address 1025 Cayley Ct			O8 Amount	29 2014	
City	State	Zip Code		17.10	
High Point	NC	27260		ion ID : ef50bcb4-3418-43ed-9 Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	M 08	M / D D / Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Kay Hagan		X Oppose	President	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	, , ,	271614.73	Disbursement F 2014 Othe	or: Primary X General r (specify) ▶	
Full Name of Payee			Date of	Public Distribution/Dissemination	
Eleanor McCoy			M 08		
Mailing Address 4902 Catawba Dr			Amount		
City	State	Zip Code		75.00	
Greensboro	NC	27407		on ID: 80e57703-43f5-4915-a Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	M 08		
Name of Federal Candidate		Support	Office Sought:	House District:00	
Ms. Kay Hagan		Oppose	President	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7	271614.73	Disbursement F 2014 Othe	or: Primary X General er (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	92.10	
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· ·		
(c) TOTAL Independent Expenditures			· •	7.1.7.1.7.1	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		31 2014	

Schedule E)	EXI EIID			PAGE 42 OF 44 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC				C C00530766		
				0 33330.33		
Check if 24-hour report X 48-hour report	Check if 24-hour report X 48-hour report New report Amends report filed on					
Full Name of Payee Eleanor McCoy			Date o	of Public Distribution/Dissemination		
				08 29 7 2014		
Mailing Address 4902 Catawba Dr			Amour	nt		
City	State	Zip Code		20.40		
Greensboro	NC	27407		action ID : cbec8480-fa2f-4c3f-b of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	М	08 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought	:: House District:00		
Ms. Kay Hagan		X Oppose	Preside	NC NC		
Calendar Year-To-Date Per Election for Office Sought	2	271614.73	Disbursement 2014 Ot	For: Primary		
Full Name of Payee				of Public Distribution/Dissemination		
James Tatro				08 29 2014		
Mailing Address 1208 Braeburn Rd						
			Amour			
City	State	Zip Code		35.00		
Charlotte	NC	28211	Date o	ction ID: 02c99848-3a70-4e0d-a f Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	M	08		
Name of Federal Candidate		Support	Office Sough	t: House District: 00		
Ms. Kay Hagan		Oppose	Preside	ent X Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		271614.73	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶		
•						
(a) SUBTOTAL of Itemized Independent Expenditures	3		· •	55.40		
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•			
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
Ms. Emily Buchanan	[Electron	cically Filed] Date	08	31 2014		
Signature						

	,	F	FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)	FEC IDE	ENTIFICATION NUMBER ▼		
۷۱	omen Speak Out PAC	Cc	00530766		
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M /	D = D / Y = Y = Y		
\Box	Full Name of Payee	Date of Public	Distribution/Dissemination		
	James Tatro	08	29 / 2014		
	Mailing Address 1208 Braeburn Rd	Amount			
	City State Zip Code		3.90		
	Charlotte NC 28211	Transaction ID Date of Disburs	: 1c6d7dc5-a040-416d-b sement or Obligation		
	Purpose of Expenditure Mileage Category/ Type 002	08	29 / 2014		
	Name of Federal Candidate Support Office	Sought:	House District:00		
	Ms Kay Hagan		Senate State: NC		
	Calendar Year-To-Date Per Election for Office Sought Disbut 271614.73 Disbut 2014	rsement For:	Primary		
	Full Name of Payee Mr. Roger McKinney Mailing Address 308 West Main Street		Distribution/Dissemination 29 2014		
	City State Zip Code		40.00		
			: e1e1a810-d5cb-4cf5-b sement or Obligation		
	Purpose of Expenditure Salary Category/ Type 001	08	29 / 2014		
	Name of Federal Candidate Support Office	Sought:	House District: 00		
	Ms. Kay Hagan Oppose	President X	Senate State: NC		
	Calendar Year-To-Date Per Election for Office Sought Disbu 271614.73	rsement For:	Primary ⊠ General		
(a) SUBTOTAL of Itemized Independent Expenditures					
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures	7	4		
١	Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D D 31	2014		
	Signature				

PAGE 43

OF

Schedule E)	PAGE 44 OF 44 FOR SE OF FORM 24/48				
AME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC	C C00530766				
Check if 24-hour report					
Full Name of Payee Date of	of Public Distribution/Dissemination				
Mr. Roger McKinney	08 29 2014				
Mailing Address 308 West Main Street Amou	ınt				
City State Zip Code	14.10				
Pilot Mountian NC 27041 Trans	saction ID: 189f8219-d849-4a41-9 of Disbursement or Obligation				
Purpose of Expenditure Mileage Category/ Type 002	08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office Sough	nt: House District: 00				
Ms. Kay Hagan Oppose Preside	NC NC				
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 O	nt For:				
	of Public Distribution/Dissemination				
Mailing Address Amou	int				
Allou	ar it				
City State Zip Code					
Purpose of Expenditure Category/	of Disbursement or Obligation				
Type					
Name of Federal Candidate Support Office Sough					
Oppose Preside					
Calendar Year-To-Date Per Election for Office Sought Disbursemer	nt For:				
·					
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7				
(c) TOTAL Independent Expenditures	3817.13				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date OB	31 2014				